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Social Interactions and Elderly Quality of Life in Makassar, South Sulawesi, Indonesia

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Abstract: This study aimed at understanding the relationship between social interactions and elderly quality of life. There were 100 elderly involved in the study consisted of elderly aged 60 years and over. Data were collected through survey, interviews and focus group discussion. Social interactions for elderly were classified into three categories, (1) liveliness in the community, (2) sports activities, and (3) special activities of the elderly. Quality of life was determined by using four domains defined by the World Health Organization, (1) Physical, (2) Psychology, (3) Social Interactions, and (4) Environment where the elderly live. The results showed that elderly who were active in the community either in social or religious activities had a better quality of life than those who were not. The same finding was found for those who were active in sports. Regular exercise was found to give the biggest impact to quality of life for elderly, at all domains. Qualitative information revealed that social interactions among elderly had helped them out of solitude and loneliness. Being together with other elderlies had allowed them to share stories and feelings which made them happy and felt healthy inside.

Keywords - elderly, quality of life, social interactions, Indonesia

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I. INTRODUCTION

It is predicted that the percentage of the elderly population in 2015, which is only 8.5% of the total population of Indonesia, will reach 10% by 2020, and continue to increase in the following years (Badan Pusat Statistik in Kemenkes RI: 2016). This means the structure of the Indonesian population is moving towards the elderly population structure. Indonesia will soon experience a very high non-productive population growth, and in the next few decades, Indonesia will become an aging country.

South Sulawesi currently includes the top five provinces with the largest population of elderly in Indonesia, which is 8.8% of the total population. While the average dependent is about 52.95% or every 100 people who are still productive must bear 53 unproductive populations. This indicates that in South Sulawesi, the proportion of non-productive age group (age 60 years and over) is greater than the productive age group (Kemenkes RI: 2016). A large numbers of elderly the people as well as the high rate of dependence requires special attention and treatment. In other words, if the increase of the elderly population is not well managed, then the pace of development will be hampered.

The importance of protection and empowerment to the elderly can be understood from the impact of elderly ages on biological, economic, social, and psychological aspects. Biologically, the elderly will experience a decrease in physical endurance. Economically, the elderly are generally viewed as a burden rather than a resource. Socially, elderly life is often perceived negatively or does not provide many benefits to families and communities. Psychologically, changes that occur in the elderly include short-term memory, frustration, fear of losing freedom, fear of death, change of desire, depression, anxiety and loneliness resulting from the loss of the people closest to him and lack of support from the closest people like family. In addition, as stated by [1] that the elderly in general have problems such as uneducated, no access to health, no old age insurance, and no social support from family or friends to care for them. As a result, many elderly people end up having psychological and physical problems. This article aims at understanding how elderlies perceived their quality of life and what factors influenced it. It focuses more on what activities and supports they have already had that affected their quality of life.

1.1. Elderly and Quality of Life

The elderly can be seen as both social and biological facts [2]. As social facts, the elderly is a process of withdrawal of a person from various statuses in a society structure. From being biological facts, the elderly shows increasingly physical and health weakening. Therefore, a person who belongs to the elderly normally

continues to experience a decrease in various organs or systems of the body. In addition to the decline in the physical aspect, the elderly also experienced changes in both social and economic aspects. The social change includes changing roles and the death of a spouse or friends. The economic changes are related to dependence financially on pensions and the use of leisure as a pensioner. Displeasure with the condition of aging is also influenced by the existence of the labels that develop in society against the elderly. Another change in the elderly can also be viewed from the spiritual aspect that always increases with the continuation of the age that reaches its peak at the age of 75-80 years. Some of these improvements, such as religious/elderly faith increasingly integrated into life, and the elderly maturing in religious life in the way of thinking and daily acting [3].

Studies on elderly have been conducted in various context and issues. A qualitative study was conducted by [4] in craft making for elderly in Philippine. They found that joint activities have had a positive impact on friendship, good health, continuing service (facing the development of aging), finding awesomeness and societal-feeling (finding happiness and fulfillment, and feeling of belonging and security (feelings of belonging and security) [4]. Another study was done in Louisiana, Los Angeles, USA. Physical Function and Quality of Life on and compared the antithesis of elderly men and women was studied by [5]. The results showed that the elderly men had better scores on Physical Function than the elderly women, with similar health histories. They also found the quality of life of elderly men based on physical function was better than the elderly women. Further, elderly women were reported having more problems than the elderly men. It also appeared that elderly women were more uncomfortable than men when doing physical activity.

There were other studies related to the need for health policy for the elderly. For example, a study conducted by [6] on the quality of life and physical health of the elderly in urban areas in India. The results of their study show an urgent need for elderly related social protection in the form of old age pension insurance and compulsory health insurance. They also recommend to relevant governments to conduct special surveys of vulnerable parents, especially older women/widows. This is in line with the recommendations issued by WHO [7] which suggest the need for more measurable research in order to reach the complexity of issues concerning the elderly.

Quality of life is a very broad concept, and it is influenced by individual physical condition, psychological, level of independence, and individual relationships with the environment. Therefore, the quality of one's life cannot be defined with certainty. It is only that person can define it because the quality of life is highly subjective. In general terms, quality of life is regarded as a subjective perception formed by the individual towards the physical, emotional, and cognitive abilities (satisfaction) and emotional / happiness components.

The World Health Organization [7] defines quality of life as a functional condition of the elderly which includes (1) physical health, such as daily activities, dependence on medical aid, energy, and fatigue, mobility, day work capacity), (2) psychological health, this incudes positive and negative feelings, ability to think, learn, concentrate, remember, self-esteem and individual beliefs, (3) social relationships, such as social support, personal relationships, and sexual activity, and (4) environmental conditions namely home environment, physical safety, environmental activities, vehicles, security, financial resources, health and social care. In addition, WHO (2004) also explains that quality of life is influenced by the level of independence, physical and psychological conditions, social activities, social interaction and family functions. This quality of life includes physical, social, and psychological characteristics that are described by the ability of the individual to do something, a feeling of satisfaction with something done, related to illness or treatment. In general, the elderly have limitations which affect their quality of life.

II. METHODS

This study used both quantitative and qualitative approaches. Questionnaire was used to assess the perception of elderly quality of life. According to [8]**,** questionnaire can be used to explain perceptions of a population. The instrument used was WHO Quality of Life - BREF (WHOWOL – BREF). There were 100 participants involved in the survey. To meet the participants, the researcher visited Community Health Service Centre (*Puskesmas*) and *Posyandu Lansia*, and asked whether they were interested to involve in the study. To fill in the questionnaire, each item was read by the researcher to make it easier for the elderly. The researcher was also aware that some elderly might have some challenges in reading and understanding the questions if they had to read them by themselves.

Interviews and Focus Group Discussion were conducted to explore more of their views on their quality of life. According to [9], topics in interview were more about issues emerged during the interview. Focus Group Discussion was conducted to group of elderly who joined routine exercise facilitated by *Puskesmas*. It is argued that there was information could be gained through FGD that could not be retrieved from the interview [10].

III. RESULTS

3.1. Respondent Profiles

Table 1. Gender and Marital Status

Gender	Marital Status								Total (n)	%
	Married (n)	%	Widower (n)	%	Widow (n)	%	Not Married (n)	%		
Male	32	80	7	17.5	0	0	1	2.5	40	40
Female	24	40	0	0	35	58.3	1	1.7	60	60

Table 1 shows there were 100 respondents who filled in the questionnaire, 40 were male, and 60 were female. It can also be seen that of the 40 men participating in the study, 80% of them, or 32 were married, and 17.5% or 7 were widowers. As for women, out of 60 respondents, there were 40%, or 24 people are still living with their spouses, and 58.3%, or 35 people are widows. Of the total respondents, only two were unmarried, male and female.

Table 2. Marital Status and With Who They are staying

Living with	Marital Status								Total (n)
	Married (n)	%	Widower (n)	%	Widow (n)	%	Not Married (n)	%	
Husband/Wife Only	6	100	0	0	0	0	0	0	6
Husband/Wife and Children	43	57.3	4	5.3	28	37.3	0	0	75
Alone	0	0	3	50	2	33.3	1	16.7	6
Family	7	53.8	0	0	5	38.5	1	7.7	13

Of 100 respondents, 75 elderly lived with their spouses and children, 23 people live with family, and the rest live together with their spouses (6 persons) and live alone (6 persons). Of the 75 people living with their children, 43 still stayed with their spouses, 28 were widows, and the remaining 4 were widowers (see Table 2).

Table 3. Social Activities by Gender

Gender	Activities								
	None (n)	%	Religious Board (n)	%	Religious Committee (n)	%	RT / RW Board (n)	%	Total (n)
Male	30	75	10	25	0	0	0	0	40
Female	42	70	2	3.3	15	25	1	1.7	60

Table 3 shows that the majority of elderly people who participated in the study were not active in community activities (75% for male and 70% for female). Elderly activities conducted in the community generally were mostly related to religious activities, whether as a mosque or church administrator, or just actively participate in worship activities. These were done by both elderly men and women.

Table 4. Sport Activities by Gender

Gender	Sport Activities						Total
	None (n)	%	Morning Walk (n)	%	Routine Exercise (n)	%	
Male	18	45	16	40	6	15	40
Female	32	53.3	15	25	13	21.7	60

Table 4 shows information about the elderly who exercise and the type of routine exercise performed. It appears that the elderly men who were inactive were smaller (45%) than the elderly women (53%). Sports performed were mostly morning walk and routine exercise. The morning walk is usually done after the dawn

prayers, while for regular gymnastics they follow the elderly gymnastics commonly performed at the health center (Puskesmas).

3.2. Perception on the Quality of Life

Table 5. Perceptions about Quality of Life in the Last One Month

Quality of Life	Male		Female	
	Number	%	Number	%
Very bad	1	2.5	0	0
Bad	6	15	22	36.7
Ordinary	24	60	26	43.3
Good	9	22.5	12	20
TOTAL	40	100	60	100

Table 5 shows that there are different perceptions about the quality of life for elderly men and women. In elderly men, most (60%) stated that their quality of life was in ordinary category, 22.5% stated that their quality of life is good, the rest stated theirs were bad (15%) and very bad (2.5%).

In elderly women, although 43.3% stated that their quality of life was in the ordinary category, but there was a sizable percentage (36.7%) who felt that their quality of life was in a bad category. There were no elderly women who claimed that their quality of life was very bad, but only a 20% said that their quality of life is in a good category.

Table 6. Health Satisfaction in the Last Four Weeks

Health Satisfaction	Male		Female	
	Number	%	Number	%
Very Unsatisfactory	0	0	1	1.7
Unsatisfactory	9	22.5	22	36.7
Ordinary	18	45	27	45
Satisfactory	13	32.5	10	16.7
TOTAL	40	100	60	100

For health-related perceptions that shown in Table 6, 32.5% of the elderly men stated that their health conditions over the last four weeks were in the satisfactory category. This percentage is greater than the elderly women who were only amounted 16.7%. The opposite happens for the unsatisfactory category. The percentage of elderly women who felt that their health condition was unsatisfactory for the last month is greater (36.7%) than the elderly men, who were only amounted to 22.5%. In general, over 20% of elderly people feel that their health condition is in unsatisfactory category for the last four weeks.

The interviews reveal that quality of life was strongly related to the health conditions of the elderly. For instance, participants who perceived they had bad or ordinary quality of life said that their health conditions had strongly influenced their social activities, which affect their quality of life. Due to the sickness, they could not sleep well and could no longer be active in any social gathering. For those who said that they have a good quality of life, it was because they received support from family and from the community (church).

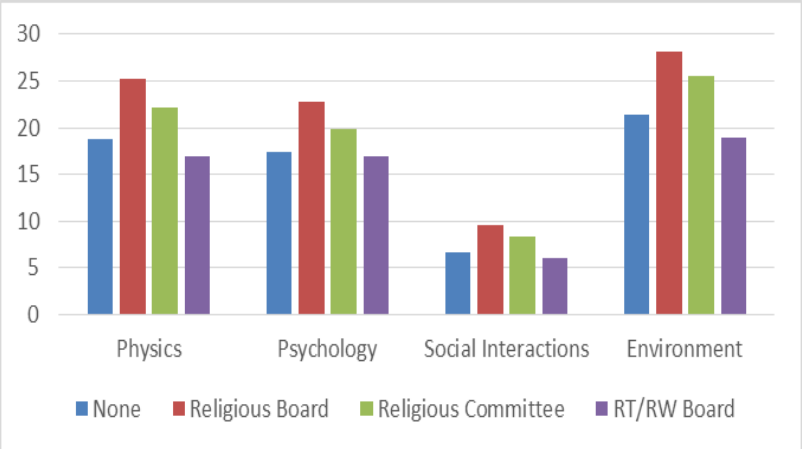

Figure 1. Quality of Life for Each Domain and Activities in the Community

It appears that the elderly who are active in religious organization and activities have a better quality of life for all domains than those who are not. And for all domains, it turns out that elderly people who do not involve in any activities and those who are active as a board RT / RW, relative have the same quality of life in the domain of Psychology and Social Interactions. However, for Physical and Environmental Domains, elderly people who do not have special activities have a better quality of life than those who are active as RT / RW administrators.

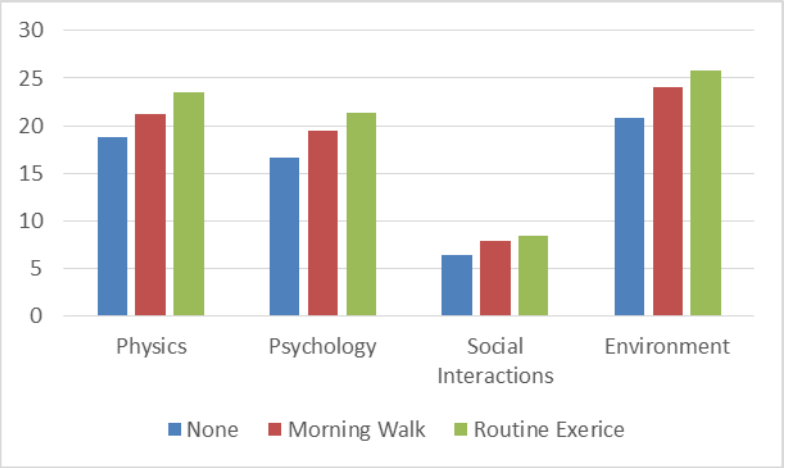

Figure 2. Quality of Life for Each Domain Based and Sports Activities

Figure 2 shows that in general, elderly who do sports actively either self-administered (morning walks) as well as in groups (regular exercise) have a better quality of life in all domains than those without sports activities. The analysis also shows that the elderly who do gymnastics on a regular basis, tend to have a better quality of life compare to the elderly who do the morning walk and who do not do any sports.

3.3. Supports for Elderly

This study found that supports for elderly mostly came from the main family, especially their children. The types of support they received could be in the form of care and financial. The respondents explained that they were happy when their children were around. They felt cared for when the children asked their health condition, either directly or by phone.

If he comes, he kisses me, he hugs me, until the soles of my feet

If he was at home, he always looked into my room he passing it

According to them, they felt happy knowing that their children did care about them. One of the participants said that she warned her son to always contact and notify her about his situation. Besides caring, the respondents stated they also received financial support for their children. Some of them received it regularly, every month, some were supported based on their needs, such as paying water and electricity bill. But in general, participants believe that children would never forget their parents. They would always remember them.

3.4. Activities of Elderly

More data about elderly daily activities was explored through interview and focus group discussion. Their responses reveal that they actually tried and would love to have activities that suited their age. Their activities everyday were reading, either newspaper or Holy Quran, watching TV, or look after their grandchildren. Looking after their grandchildren was found to be fun for them. Having grandchildren and their parents at their house seemed to bring different happiness for them. Their presence and being active made them not feel lonely.

The data shows that elderly tend to find activities to prevent them from feeling bored and lonely. During their spare time they did gardening, or just went outside to say hello to their neighbors. Some were just be in the house and enjoyed themselves. When asked whether they enjoyed their life, most of them said that they must be grateful for what they had. This study also tried to explore activities in the community joined by elderly. Types of activity are mostly related to religion, such as recitation or worship, and family gathering called

"*arisan*". These activities were usually held monthly. According to them, the events allowed them to be with others and share anything, as stated below:

> *By gathering, we shared each other's experiences. We also get information about health treatment, because sometimes we experience the same illness. By being with others, we are getting new experiences and knowledge, and knowing each other's condition*

Yet, there were also participants who prefer not to be with others because they did not find any benefits of it. For them, it is better to spend their time at home than to do something in vain.

IV. DISCUSSION

The findings reveal there were limited activities joined by the participants. Activities joined by elderly were mostly individual and not provided by formally by community or government. The activities, in general, were in the form of family gathering or religious event. According to [11], religious service and emotional support could help elderly to seek prosperity and purpose in life. This study found different activities between Muslims and Christians. Activities carried out by in the church quite varied. They did not focus on religious service only. Church also provided health service, information for an elderly and a special session for males or females only. These activities were found to be helpful to prevent them from being lonely and make them feel part of the church community. The study conducted by [4] showed that joined activities had given positive impacts to elderly. It gave them opportunities of to foster their friendship ad flourishing their health. The study conducted by [12]. They found that people with limited social activities are those who had the highest percentage in memory complaints. Active elderly would have more life satisfaction and more positive mental health [13].

The results of the questionnaire revealed that sports activities done by the elderly were only morning walk and routine exercises (gymnastic for elderly). The study revealed they enjoyed having sports activities as they are important to their physical health. According to [14], pre elderly with better mobility tended to have a better quality of life. It is argued that passive activities such as listening to the radio or watching television had a negative relationship to the health of elderly [15]. They stated watching television was associated with poor health and cognitive decline. Interviews with the participants showed that during their spare time, they watched TV, reading Qur'an or newspaper. These elderly acknowledged that they would like to have more activities that allowed them to be active and with others. Yet, there were limited activities available for elderly. When the participants said they did a morning walk, the morning walk was not like a real sport, and it was the walk they did after morning pray form Muslims. As for others, they did it routine around the neighborhood, which allowed them just to say hello to others. Most of the participants admitted they would love to have more opportunities to meet others. Transportation access seemed to be the main barrier for outside more social activities.

V. CONCLUSION

Social interactions were found to affect the quality of life of elderly. In the context of Makassar, the opportunity to have these interactions was limited. Most activities they had been around the neighborhood and religious activities. It allowed them to share stories and experiences which made them happy and keep them from feeling alone. Morning walk and routine exercise were also found to contribute to the quality of life of the participants. Unfortunately, opportunities to do sport for elderly were found to be very limited. Health conditions were found to have a strong relationship with how elderly perceived their quality of life. Their health conditions would affect their mobility, in which would also influence their quality of life. This study recommends for more activities for elderly that is well organized that allow them to keep active.

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